

CPR TRAINING

(CARDIOPULMONARY RESUSCITATION)

FOR NURSING PROFESSIONALS



HELD ON

13TH AUGUST 2026

THANK YOU FOR YOUR PARTICIPATION!

This training equipped participants with the knowledge and practical skills to recognise and respond effectively to life-threatening emergencies. Your commitment to learning **saves lives**.

WHAT YOU LEARNED



Recognising Cardiac Arrest



Activating Emergency Response



High-Quality CPR (Adult, Child & Infant)



Rescue Breaths



Using an AED Safely and Effectively



Responding to Choking



Team-Based Resuscitation



BLS in Professional Practice

SKILLS TODAY
**SAVE
LIVES**



WELL DONE!

Your dedication to learning today makes a real difference.

You are now better prepared to act with confidence when it matters most.

“

“Anyone can save a life.
All it takes is the will to try
and the **confidence to act.**”



PRACTICAL
SKILLS



CONFIDENCE
IN ACTION



TEAMWORK
SAVES LIVES



CERTIFICATE
OF PARTICIPATION

BE PREPARED. BE CONFIDENT. SAVE LIVES.

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CPR

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WELCOME & COURSE OVERVIEW

Welcome to the **Cardiopulmonary Resuscitation (CPR) Training**.

This course is designed to help you understand how to recognise cardiac arrest and respond quickly and correctly when someone's life is in danger.

CPR is an emergency lifesaving procedure used when a person's heart has stopped pumping effectively and they are not breathing normally.

The actions taken in the first few minutes can make a major difference.

WHAT WILL YOU LEARN?

During this training, you will learn:

- What CPR means and why it is important
- How to recognise cardiac arrest
- How to check scene safety
- How to assess responsiveness and breathing
- How to activate emergency medical help
- How to perform high-quality chest compressions
- How to provide rescue breaths
- How to perform hands-only CPR
- How to use an AED
- How CPR differs for adults, children and infants
- How to respond in special situations

→ How to work effectively as part of a CPR team

→ Common CPR mistakes to avoid

The goal is simple:

Recognise the emergency. Call for help. Start CPR. Use an AED. Keep going until appropriate help takes over.



UNDERSTANDING CPR

CPR stands for **Cardiopulmonary Resuscitation**.

It is an emergency procedure used when a person is in cardiac arrest.

Let's break the name down:

Cardio = Heart

Pulmonary = Lungs

Resuscitation = Emergency actions aimed at supporting or restoring vital functions

When the heart stops pumping effectively, blood circulation falls dramatically.

Without circulation, the brain and other vital organs stop receiving the oxygen they need.

WHAT IS THE PURPOSE OF CPR?

CPR does not guarantee that the heart will restart.

Its immediate purpose is to **buy time**.

Chest compressions help manually move blood through the body.

Rescue breaths can provide oxygen to the lungs.

Together, they help maintain some oxygen delivery to the brain, heart and other vital organs until:

→ An AED can be used

→ Advanced medical treatment becomes available

→ The person's condition improves

HOW DOES CPR SUPPORT CIRCULATION AND OXYGEN DELIVERY?

Think of the heart as a pump.

During cardiac arrest, that pump is no longer working effectively.

When you perform chest compressions, you repeatedly press on the chest.

This creates pressure that helps push blood through the circulation.

The blood carries oxygen to vital organs.

Rescue breaths provide additional oxygen to the lungs, where it can enter the blood.

This is why good-quality CPR requires:

→ Effective chest compressions

→ Appropriate ventilation when indicated

→ Minimal interruptions

CPR is therefore a temporary lifesaving bridge.

It helps maintain circulation and oxygen delivery while waiting for the intervention that may correct the underlying problem.

Remember:

CPR keeps blood moving when the heart cannot do the job effectively on its own.



RECOGNISING CARDIAC ARREST

Cardiac arrest is one of the most serious medical emergencies you can encounter. It happens when the heart suddenly stops pumping blood effectively around the body. When this happens, blood flow to the brain and other vital organs rapidly decreases. Without immediate action, death can occur within minutes.

The key to effective CPR is recognising cardiac arrest **quickly**.

WHAT SHOULD YOU LOOK FOR?

A person in cardiac arrest will usually show two major signs:

Unresponsiveness + Not breathing normally.

Let's look at them carefully.

SUDDEN COLLAPSE

A person may suddenly fall to the ground or slump in a chair.

Sometimes the collapse is witnessed.

Other times, you may simply find the person lying motionless.

Do not assume they are sleeping.

Approach safely and assess them.

UNRESPONSIVENESS

Speak loudly to the person.

For example:

"Are you okay?"

Gently tap or appropriately stimulate them.

If they do not respond to your voice or touch, they are **unresponsive**.

This is a major warning sign.

ABSENT OR ABNORMAL BREATHING

An unresponsive person must be assessed for normal breathing.

They may:

→ Not be breathing at all

- Take occasional shallow breaths
- Make unusual snorting sounds
- Gasp irregularly
- Have long pauses between breaths

These are not signs of normal effective breathing.

RECOGNISING GASPING

This is extremely important.

A person in cardiac arrest may occasionally gasp.

These abnormal gasps are sometimes called **agonal breathing**.

A rescuer may see the chest move or hear a gasp and think:

"They are still breathing."

That mistake can delay CPR.

Gasping is not normal breathing.

If the person is unresponsive and only gasping, treat the situation as suspected cardiac arrest.

THE SIMPLE RULE

If someone is:

Unresponsive + not breathing normally

- Suspect cardiac arrest
- Activate emergency assistance
- Get an AED
- Begin CPR promptly

Do not spend several minutes trying to determine exactly why the person collapsed.

During cardiac arrest, every unnecessary delay reduces the chance of survival.

Recognise quickly. Act quickly.

Cardiac Arrest **VS** Heart Attack



CARDIAC ARREST VS HEART ATTACK

People often use the terms **heart attack** and **cardiac arrest** as if they mean the same thing.

They do not.

Understanding the difference is important because the immediate response may be very different.

WHAT IS A HEART ATTACK?

A heart attack is mainly a **circulation problem**.

It usually happens when blood flow through a coronary artery supplying part of the heart muscle becomes severely reduced or blocked.

The heart muscle is still trying to work, and in many cases the person remains:

- Awake
- Responsive
- Breathing normally

A heart attack can, however, trigger a cardiac arrest.

COMMON WARNING SIGNS OF A HEART ATTACK

Symptoms can vary from person to person.

Watch for:

- Chest pressure, tightness, heaviness or discomfort
- Pain or discomfort spreading to the arm, shoulder, back, neck or jaw
- Shortness of breath
- Cold sweating
- Nausea or vomiting
- Dizziness or light-headedness
- Unusual weakness or fatigue

Not everyone experiences dramatic chest pain.

Some people may have less typical symptoms, so concerning symptoms should never be ignored.

WHAT IS CARDIAC ARREST?

Cardiac arrest is mainly an **electrical and pumping emergency**.

The heart suddenly stops pumping blood effectively.

Blood flow to the brain and other vital organs rapidly falls.

The person typically becomes:

- Unresponsive
- Not breathing normally
- Sometimes completely motionless
- Sometimes showing only abnormal gasping

This requires **immediate resuscitation**.

THE SIMPLE DIFFERENCE

Think of it this way:

Heart attack = blood supply to part of the heart is blocked or severely reduced.

Cardiac arrest = the heart is no longer pumping blood effectively.

A person having a heart attack may still be conscious and breathing.

A person in cardiac arrest is **unresponsive and not breathing normally**.

WHEN IS CPR REQUIRED?

CPR is required when a person is in cardiac arrest.

If you find someone who is:

Unresponsive + not breathing normally

- Activate emergency medical help
- Send someone to get an AED if available
- Begin CPR promptly

Do not start CPR simply because someone reports chest pain while they are awake and breathing normally.

Instead, treat the situation as a medical emergency and obtain urgent medical help.

However, if that person suddenly becomes unresponsive and stops breathing normally...

The situation has changed.

Suspect cardiac arrest and begin the appropriate CPR response.

Remember:

Heart attack does not automatically mean CPR.

Cardiac arrest requires immediate CPR.

Scene Safety & Initial Assessment



SCENE SAFETY & INITIAL ASSESSMENT

Imagine you see someone lying unconscious on the ground.

Your first instinct may be to rush straight towards them.

But before you touch the person, there is one important question:

"Is it safe for me to approach?"

A rescuer who becomes injured cannot effectively help the casualty.

That is why CPR begins with **scene safety**.

CHECKING FOR DANGER

Before approaching, quickly look around for anything that could harm you, the casualty or other people nearby.

Possible dangers may include:

- Moving traffic
- Fire or smoke
- Exposed electrical wires
- Gas or chemical hazards
- Broken glass or sharp objects
- Falling objects or unstable structures
- Water or unsafe surfaces
- Violent or threatening individuals

Do not become so focused on the casualty that you ignore what is happening around you.

PROTECTING YOURSELF

Your safety comes first.

This does not mean abandoning the casualty.

It means avoiding unnecessary risks while providing assistance.

Where appropriate and available:

- Use gloves or other appropriate protective equipment
- Avoid direct contact with blood or body fluids

→ Use a barrier device when giving rescue breaths if one is available

→ Follow appropriate infection-prevention precautions

If there is a serious hazard that you cannot safely control, keep your distance and contact the appropriate emergency services.

PROTECTING THE CASUALTY

Do not move the casualty unnecessarily.

Moving someone without a good reason could worsen certain injuries.

However, if the casualty is in **immediate danger** — for example, from fire, traffic or another serious hazard — moving them to a safer location may be necessary if this can be done without putting yourself in unacceptable danger.

APPROACHING SAFELY

Once you determine that the scene is reasonably safe:

→ Approach the casualty carefully

→ Look for obvious signs of what may have happened

→ Check for responsiveness

→ Assess breathing

→ Activate emergency help when required

→ Begin CPR if cardiac arrest is suspected

INITIAL ASSESSMENT SHOULD BE QUICK.

This is not the time for a lengthy examination.

You are trying to answer critical questions:

Is the scene safe?

Is the person responsive?

Are they breathing normally?

Do they need immediate CPR?

Do not allow unnecessary assessment to delay lifesaving action.

Remember the sequence:

Check danger → Approach safely → Check responsiveness → Assess breathing → Call for help → Start CPR when indicated.

Your first responsibility is to avoid creating **another casualty** while trying to save the first one.



CHECKING RESPONSIVENESS

You find someone lying motionless on the floor.

The scene is safe.

What should you do next?

You need to determine whether the person is **responsive**.

Responsiveness gives you an immediate indication of the person's level of consciousness and helps determine what action should follow.

HOW DO YOU ASSESS RESPONSIVENESS?

Approach the person safely.

Speak to them clearly and loudly.

You might say:

"Hello! Are you okay?"

"Can you hear me?"

Do not simply assume that because their eyes are closed, they are unconscious.

Give them an opportunity to respond.

VERBAL STIMULATION

Start by using your voice.

Speak loudly enough for the person to hear you.

Look for any meaningful response such as:

→ Opening their eyes

→ Speaking

→ Moving purposefully

→ Following a simple instruction

If there is no response to your voice, proceed to appropriate physical stimulation.

PHYSICAL STIMULATION

For an adult, gently tap or shake the shoulders while speaking loudly.

For example:

"Are you okay? Can you hear me?"

The purpose is to determine whether the person responds — **not to cause pain or injury**.

Do not slap the person's face, pour water on them or use unnecessarily aggressive methods.

WHAT IF THE PERSON RESPONDS?

If the person responds:

- Keep them in a safe position
- Assess what may be wrong
- Reassure them
- Get medical assistance when necessary
- Continue monitoring their condition

Remember, being responsive does not automatically mean the person is medically well.

WHAT IF THERE IS NO RESPONSE?

No response should immediately increase your concern.

Do not waste valuable time repeatedly shouting or shaking the person.

If they remain unresponsive:

- Call or shout for help
- Assess their breathing promptly
- Activate the emergency response system as appropriate
- Send someone to obtain an AED if available

If the person is **unresponsive and not breathing normally**, suspect cardiac arrest and begin CPR.

REMEMBER:

No response + no normal breathing = CPR emergency.

Checking responsiveness should take only a short time.

The goal is to recognise a life-threatening emergency quickly and move to the next lifesaving action without unnecessary delay.



CHECKING BREATHING

The person is unresponsive.

You have called for help.

Now you need to answer another critical question:

Is this person breathing normally?

This assessment must be done quickly because an unresponsive person who is not breathing normally may be in **cardiac arrest**.

OPENING THE AIRWAY

When a person becomes unconscious, the muscles controlling the tongue and airway relax.

The tongue and surrounding soft tissues may obstruct the airway.

For an adult without suspected trauma, open the airway using the **head-tilt, chin-lift technique**.

- Place one hand on the forehead
- Gently tilt the head backwards
- Place the fingertips of your other hand under the chin
- Lift the chin upwards

This helps open the airway so breathing can be assessed properly.

ASSESSING NORMAL BREATHING

With the airway open, quickly check whether the person is breathing normally.

Look for:

- Regular movement of the chest
- Normal, rhythmic breathing
- Effective breaths occurring consistently

Do not spend too long checking.

Breathing assessment should generally take **no more than about 10 seconds**.

You are not trying to diagnose exactly what is wrong.

You are answering one question:

"Is this person breathing normally?"

RECOGNISING ABNORMAL BREATHING

This is where mistakes can happen.

A person in cardiac arrest may still make occasional breathing movements.

They may:

- Gasp
- Snort
- Make irregular breathing sounds
- Take occasional shallow breaths
- Have long pauses between breaths

These abnormal gasps are sometimes called **agonal breathing**.

Gasping is not normal breathing.

Do not see occasional gasps and assume:

"They're breathing, so they don't need CPR."

That mistake can delay lifesaving treatment.

WHAT SHOULD YOU DO?

If the person is:

Unresponsive + breathing normally

- Continue appropriate assessment and care
- Place them in an appropriate safe position when indicated
- Get medical help
- Continue monitoring their breathing

But if the person is:

Unresponsive + not breathing normally

- Suspect cardiac arrest
- Activate emergency medical assistance
- Get an AED as soon as possible
- Begin CPR promptly

REMEMBER:

Do not spend several minutes trying to decide whether the breathing "looks right."

In a suspected cardiac arrest, unnecessary delays reduce the person's chance of survival.

Unresponsive + absent, abnormal or gasping breathing = treat as cardiac arrest and act.



CALLING FOR EMERGENCY HELP

You have checked the person.

They are unresponsive.

They are not breathing normally.

At this point, you should **suspect cardiac arrest**.

What happens next must be fast and organised.

The priorities are:

- Activate emergency medical help
- Get an AED
- Start CPR

ACTIVATING EMERGENCY MEDICAL SERVICES

Call the appropriate emergency medical service or activate your facility's emergency response system immediately.

If you are in a hospital or healthcare facility, follow the established emergency protocol, such as activating the resuscitation or emergency response team.

If you have a mobile phone and you are alone, use the speaker function where possible so you can communicate with the emergency dispatcher while preparing to provide CPR.

Give clear information:

- Your location
- What has happened
- That the person is unresponsive
- That the person is not breathing normally
- Any other information requested

Do not end the call until instructed, unless you must do so to provide immediate lifesaving care.

SEND SOMEONE FOR AN AED

If other people are present, do not simply shout:

"Someone get an AED!"

Give the instruction to a **specific person**.

For example:

"You in the blue shirt — call emergency services and bring the AED."

Why?

In a crowd, everyone may assume somebody else will act.

Direct instructions reduce confusion.

WHAT IS AN AED?

An **Automated External Defibrillator (AED)** is a device that analyses the heart's electrical rhythm and can deliver, or instruct the rescuer to deliver, a shock when appropriate.

Early access to an AED can be critical in certain cardiac arrests.

But remember:

Do not stop everything and wait for the AED.

CPR should continue while the AED is being obtained whenever possible.

STARTING CPR WITHOUT UNNECESSARY DELAY

Once cardiac arrest is recognised, begin CPR promptly.

Do not waste valuable time:

- Searching extensively for medical information
- Trying repeatedly to wake the person
- Waiting for emergency personnel to arrive
- Waiting for the AED before starting compressions
- Spending too long checking breathing

If another rescuer is available, divide the responsibilities.

One person can:

- Begin CPR

While another:

- Activates emergency medical services
- Retrieves the AED

This allows several lifesaving actions to happen almost simultaneously.

IF YOU ARE ALONE

Your exact response may depend on the person's age, circumstances and local emergency protocol.

However, the principle remains:

Activate emergency help, obtain an AED when possible, and minimise any delay in starting CPR.

REMEMBER THE SEQUENCE:

Recognise cardiac arrest → Call for help → Get an AED → Start CPR → Continue until further help takes over.

During cardiac arrest, every unnecessary pause means less blood is being circulated to the brain and heart.

Call quickly. Get the AED. Start CPR.



HIGH-QUALITY CHEST COMPRESSIONS

You have recognised cardiac arrest.

The person is unresponsive and not breathing normally.

Emergency help has been activated and an AED is being obtained.

Now comes one of the most important parts of CPR:

High-quality chest compressions.

Chest compressions help maintain blood flow to the brain, heart and other vital organs while the heart is unable to pump effectively.

But simply pressing on the chest is not enough.

The compressions must be performed correctly.

CORRECT HAND POSITION

For an adult:

- Place the person flat on their back on a firm surface
- Kneel beside their chest
- Place the heel of one hand on the centre of the chest, on the lower half of the breastbone
- Place your other hand on top
- Interlock your fingers and keep them away from the ribs
- Position your shoulders directly above your hands
- Keep your arms straight

Use your upper body weight to compress the chest rather than relying only on your arms.

COMPRESSION RATE

For an adult, deliver chest compressions at a rate of:

100–120 compressions per minute.

Too slow means insufficient circulation.

Too fast can reduce compression quality and prevent adequate chest recoil.

The goal is not simply to compress quickly.

The goal is to maintain a **controlled, consistent rhythm.**

COMPRESSION DEPTH

For an average adult, compress the chest:

At least 5 cm, but not more than 6 cm.

Compressions that are too shallow may not generate enough blood flow.

Excessively deep compressions may increase the risk of injury.

Each compression should be:

Firm → Controlled → Deep enough → Followed by complete release.

ALLOW FULL CHEST RECOIL

After every compression, allow the chest to return completely to its normal position.

Do not keep leaning on the person's chest between compressions.

Why?

Full recoil allows the heart to refill with blood before the next compression.

Think of each compression as two equally important movements:

Press down → Release completely.

MINIMISE INTERRUPTIONS

Every time chest compressions stop, blood flow to the brain and heart decreases.

Therefore, unnecessary interruptions should be avoided.

Pause only when necessary, such as:

- Providing rescue breaths
- Allowing the AED to analyse the rhythm
- Delivering a shock when advised
- Changing rescuers
- When advanced responders instruct you to stop

When a pause is necessary, keep it as short as possible.

WHAT DOES HIGH-QUALITY CPR LOOK LIKE?

For an adult, remember:

- **Rate:** 100–120 compressions per minute
- **Depth:** At least 5 cm but not more than 6 cm
- **Position:** Centre of the chest, lower half of the breastbone
- **Recoil:** Allow the chest to return fully after every compression
- **Interruptions:** Keep pauses as short as possible

Chest compressions are physically demanding.

If another trained rescuer is available, switch compressors approximately every **2 minutes**, or sooner if you become tired, while minimising interruption.

REMEMBER:

During cardiac arrest, chest compressions are temporarily doing part of the work the heart can no longer perform effectively.

Push hard. Push fast. Allow full recoil. Minimise interruptions.

CPR PRACTICAL SCENARIO

Let's put what you have learned into practice.

You are at work when a 52-year-old colleague suddenly stops speaking in the middle of a conversation.

He grabs the edge of a table...

Then suddenly collapses to the floor.

Several people rush towards him.

One colleague begins shouting his name.

Another person says:

"Give him some water!"

Someone else suggests lifting him into a chair.

You approach and immediately take control of the situation.

WHAT SHOULD YOU DO FIRST?

Before rushing towards him, quickly check the environment.

→ Is there any immediate danger?

→ Is it safe for you to approach?

The scene appears safe.

You approach the casualty.

ASSESS RESPONSIVENESS

You speak loudly:

"Sir, can you hear me? Are you okay?"

You appropriately stimulate him.

There is **no meaningful response**.

This is your first major warning sign.

You call for assistance.

ASSESS BREATHING

You open the airway and assess his breathing for no more than about 10 seconds.

You notice something confusing.

Every few seconds, he makes a strange gasping sound.

Someone beside you says:

"Wait! He's breathing!"

But you recognise what you learned earlier.

Occasional gasping is not normal breathing.

You now have:

→ Sudden collapse

→ Unresponsiveness

→ No normal breathing

→ Occasional abnormal gasping

You should **suspect cardiac arrest**.

WHAT IS THE CORRECT IMMEDIATE ACTION?

Do you:

- A. Give him water and observe him for a few minutes?
- B. Sit him upright and wait to see whether he recovers?
- C. Continue checking his breathing until the gasping stops?
- D. Activate emergency help, get an AED and begin CPR?

The correct response is:

D — Activate emergency help, get an AED and begin CPR.

Give clear instructions to specific people.

"You — call emergency medical services now."

"You — bring the AED immediately."

Then begin **high-quality chest compressions without unnecessary delay.**

WHAT SHOULD YOU NOT DO?

- Do not give an unconscious person water
- Do not sit them in a chair
- Do not assume gasping means normal breathing
- Do not spend several minutes repeatedly checking responsiveness
- Do not wait for the AED before beginning CPR
- Do not wait for emergency personnel before taking action

THE KEY DECISION

You do not need to know exactly **why** the person collapsed before responding.

The critical recognition is:

Unresponsive + not breathing normally = suspect cardiac arrest.

Once you recognise this combination, your priorities become clear:

Activate emergency response → Get an AED → Start high-quality CPR.

In a real cardiac arrest, recognising the emergency is important.

Acting on that recognition without unnecessary delay is what can make the difference.



RESCUE BREATHS

Chest compressions help circulate blood during cardiac arrest.

But blood also needs **oxygen**.

This is where rescue breaths become important, particularly when performing conventional CPR.

Rescue breaths provide oxygen-containing air to the casualty's lungs while chest compressions help circulate oxygenated blood around the body.

OPENING THE AIRWAY

Before giving a rescue breath, the airway must be open.

For an adult without suspected trauma, use the **head-tilt, chin-lift technique**.

- Place one hand on the forehead
- Gently tilt the head backwards
- Place the fingertips of your other hand under the chin
- Lift the chin upwards

This helps prevent the tongue and surrounding soft tissues from obstructing the airway.

GIVING EFFECTIVE RESCUE BREATHS

Once the airway is open:

- Pinch the person's nose closed
- Take a normal breath
- Make a seal over the person's mouth
- Give one breath over about **1 second**
- Watch for visible chest rise
- Allow the chest to fall
- Give the second breath

The goal is **visible chest rise**.

You do not need to force a large amount of air into the lungs.

WHAT IF THE CHEST DOES NOT RISE?

If the first breath does not produce chest rise:

- Reposition the head and reopen the airway
- Check that you have a good seal
- Attempt the second breath

Do not spend a prolonged period repeatedly attempting breaths.

Chest compressions should not be unnecessarily delayed.

COMPRESSION-TO-BREATH RATIO

For conventional CPR in an adult:

30 chest compressions → 2 rescue breaths

After 30 compressions:

- Open the airway
- Give 2 effective rescue breaths
- Immediately return to chest compressions

Then continue:

30 compressions → 2 breaths → 30 compressions → 2 breaths

Keep interruptions in chest compressions as short as possible.

AVOID EXCESSIVE VENTILATION

A common CPR mistake is giving breaths:

- Too quickly
- Too forcefully
- Too frequently

More air does **not** mean better CPR.

Excessive ventilation can increase pressure inside the chest and reduce the effectiveness of CPR.

It can also force air into the stomach, increasing the risk of regurgitation and aspiration.

Each rescue breath should therefore be delivered over approximately **1 second** and only enough to produce visible chest rise.

WHAT IF YOU CANNOT OR WILL NOT GIVE RESCUE BREATHS?

For an adult who suddenly collapses, if a rescuer is unable or unwilling to provide rescue breaths, **hands-only CPR with continuous chest compressions is preferable to doing nothing.**

However, rescue breaths are particularly important in situations where lack of oxygen may be a major cause of the cardiac arrest, including:

- Drowning
- Many paediatric cardiac arrests
- Certain respiratory emergencies

REMEMBER:

For conventional adult CPR:

30 compressions → Open airway → 2 effective breaths → Immediately resume compressions.

Give enough air to produce chest rise.

Not too much. Not too fast. And do not allow rescue breaths to create long interruptions in chest compressions.



HANDS-ONLY CPR

Imagine someone suddenly collapses in a public place.

They are unresponsive.

They are not breathing normally.

You know CPR is needed...

But you are not trained in rescue breathing, you do not have a barrier device, or you are unwilling or unable to give mouth-to-mouth breaths.

Should you do nothing?

No.

You can still provide potentially lifesaving assistance through **Hands-Only CPR**.

WHAT IS HANDS-ONLY CPR?

Hands-Only CPR means performing **continuous chest compressions without rescue breaths**.

Instead of:

30 compressions → 2 breaths

The rescuer performs continuous, high-quality chest compressions while emergency help and an AED are being arranged.

The goal is to keep blood circulating to the brain and heart.

WHEN MAY HANDS-ONLY CPR BE APPROPRIATE?

Hands-Only CPR may be appropriate for an **adult or teen who suddenly collapses**, particularly when the rescuer:

- Is not trained in conventional CPR
- Is unable to provide rescue breaths
- Is unwilling to perform mouth-to-mouth ventilation
- Does not have an appropriate barrier device

In these situations, performing chest compressions is far better than standing back and doing nothing.

HOW DO YOU PERFORM HANDS-ONLY CPR?

Once cardiac arrest is recognised:

- Activate emergency medical services

- Send someone to obtain an AED if available
- Place the heel of one hand in the centre of the chest on the lower half of the breastbone
- Place the other hand on top
- Keep your arms straight
- Compress the chest at **100–120 compressions per minute**
- Compress to an appropriate adult depth
- Allow complete chest recoil after each compression
- Continue with as few interruptions as possible

CONTINUOUS CHEST COMPRESSIONS

Do not stop every 30 compressions to give breaths when performing Hands-Only CPR.

Continue compressions while waiting for:

- An AED
- Emergency medical personnel
- Another appropriately trained rescuer

Stop or pause only when necessary, such as when the AED instructs you to do so or when advanced responders take over.

IS HANDS-ONLY CPR APPROPRIATE FOR EVERY CARDIAC ARREST?

No.

Rescue breaths can be particularly important when cardiac arrest results primarily from a lack of oxygen.

Examples include:

- Drowning
- Many cases involving children and infants
- Certain respiratory emergencies

For trained rescuers, conventional CPR involving **compressions and rescue breaths** may therefore be preferred in these situations.

THE IMPORTANT MESSAGE

Do not allow uncertainty about rescue breathing to prevent you from acting when an adult or teen suddenly collapses.

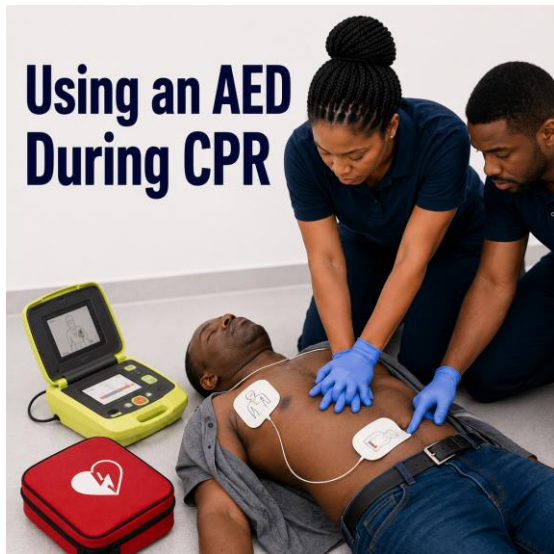
If the person is:

Unresponsive + not breathing normally

Activate emergency help, get an AED and begin CPR.

If you cannot provide rescue breaths, perform **continuous high-quality chest compressions**.

Doing something immediately is better than doing nothing while waiting for help.



USING AN AED DURING CPR

CPR helps maintain blood flow during cardiac arrest.

But in some cardiac arrests, the heart develops a dangerous electrical rhythm that may respond to **defibrillation**.

This is where an **AED** becomes extremely important.

WHAT IS AN AED?

AED stands for:

Automated External Defibrillator.

It is a portable device designed to:

- Analyse the heart's electrical rhythm
- Determine whether a shock is advised
- Deliver, or instruct the rescuer to deliver, a shock when appropriate

The purpose of defibrillation is not simply to "restart a stopped heart."

A shock can interrupt certain dangerous electrical rhythms, giving the heart's electrical system an opportunity to re-establish an effective rhythm.

WHEN SHOULD AN AED BE USED?

When cardiac arrest is suspected, obtain and apply an AED **as soon as it becomes available**.

Remember:

Unresponsive + not breathing normally = suspect cardiac arrest.

Do not delay CPR while waiting for the AED.

While one person performs CPR, another person should retrieve and prepare the AED whenever possible.

APPLYING THE AED PADS

As soon as the AED arrives:

- Turn it on
- Expose the person's chest
- Follow the AED's spoken or visual instructions
- Remove excessive moisture from the chest if necessary

→ Attach the adhesive pads to the bare chest as shown on the pad diagrams

For an adult, one pad is typically placed:

→ On the upper right side of the chest

And the other:

→ On the lower left side of the chest

The exact placement diagrams are printed on the AED pads.

Follow them carefully.

ALLOW THE AED TO ANALYSE

Once the pads are attached, the AED will analyse the person's heart rhythm.

At this point:

Do not touch the casualty.

Clearly tell everyone:

"Stand clear!"

Look around and make sure nobody is touching the person during rhythm analysis.

IF A SHOCK IS ADVISED

The AED may instruct you to deliver a shock.

Before the shock:

→ Make sure nobody is touching the casualty

→ Clearly announce, **"Stand clear!"**

→ Visually confirm that everyone is clear

→ Deliver the shock as instructed by the AED

Immediately after the shock:

Resume CPR.

Do not stop to check whether the person has "woken up" unless there are clear signs of life.

Continue according to the AED prompts.

IF NO SHOCK IS ADVISED

Do not assume this means the casualty is fine.

Some cardiac arrest rhythms cannot be treated with a shock.

If the AED says:

"No shock advised"

Immediately resume CPR unless the person shows clear signs of life.

CONTINUING CPR AROUND SHOCK DELIVERY

The aim is to minimise interruptions in chest compressions.

Think of the sequence:

CPR → AED arrives → Apply pads → Analyse → Clear → Shock if advised → Immediately resume CPR.

If no shock is advised:

CPR → AED analyses → No shock advised → Immediately resume CPR.

Continue following the AED instructions.

The device will normally prompt you when another rhythm analysis is required.

IMPORTANT SAFETY POINTS

- Never touch the casualty during rhythm analysis
- Never touch the casualty while a shock is being delivered
- Keep the chest sufficiently dry for proper pad attachment
- Do not place pads directly over medication patches
- Follow the AED's instructions carefully
- Do not remove the pads unnecessarily once they are attached

REMEMBER:

CPR buys time.

The AED may provide the shock needed to treat certain dangerous rhythms.

The two work together.

Start CPR early. Apply the AED as soon as available. Follow its prompts. Minimise interruptions.



ADULT CPR

You find an adult lying motionless on the floor.

At this point, everything you have learned begins to come together.

Adult CPR is not one isolated action.

It is a **sequence of rapid assessment, emergency activation, chest compressions, rescue breaths and early AED use.**

STEP 1 — CHECK FOR DANGER

Before approaching:

- Look for hazards
- Make sure the scene is reasonably safe
- Protect yourself and the casualty

Do not create a second casualty by entering an unsafe environment.

STEP 2 — CHECK RESPONSIVENESS

Approach the person and speak loudly:

"Are you okay?"

Gently tap or stimulate the person appropriately.

Look for a meaningful response.

If there is no response, call or shout for help.

STEP 3 — ASSESS BREATHING

Open the airway using the **head-tilt, chin-lift technique** when appropriate.

Quickly assess whether the person is breathing normally.

Do not spend more than about **10 seconds** checking.

Remember:

Occasional gasping is not normal breathing.

If the adult is:

Unresponsive + not breathing normally

Suspect cardiac arrest.

STEP 4 — ACTIVATE EMERGENCY HELP

- Call emergency medical services or activate your facility's emergency response system
- Send someone to obtain an AED
- If another rescuer is available, clearly assign responsibilities

Do not delay CPR unnecessarily while waiting for help.

STEP 5 — BEGIN CHEST COMPRESSIONS

Position yourself beside the casualty.

- Place the heel of one hand on the centre of the chest, on the lower half of the breastbone
- Place your other hand on top
- Interlock your fingers
- Keep your arms straight
- Position your shoulders above your hands

Compress the chest:

- At **100–120 compressions per minute**
- At least **5 cm** but not more than **6 cm** deep
- Allow complete chest recoil
- Minimise interruptions

Perform **30 chest compressions**.

STEP 6 — GIVE RESCUE BREATHS

After 30 compressions:

- Open the airway
- Pinch the nose closed
- Make an effective seal over the mouth
- Give the first breath over about 1 second
- Watch for visible chest rise
- Give the second breath

Then immediately return to chest compressions.

Continue:

30 compressions → 2 breaths

If you are unable or unwilling to provide rescue breaths after a sudden adult collapse, provide continuous high-quality chest compressions.

STEP 7 — APPLY THE AED

As soon as the AED arrives:

- Turn it on
- Expose the chest
- Attach the pads as shown on the diagrams
- Follow the AED prompts
- Make sure nobody touches the casualty during rhythm analysis

If a shock is advised:

- Make sure everyone is clear

→ Deliver the shock as instructed

→ Immediately resume CPR

If no shock is advised:

→ Immediately resume CPR

Do not waste time trying to interpret the heart rhythm yourself.

Follow the AED.

THE ADULT CPR SEQUENCE

Remember the overall flow:

Scene safe

↓

Check responsiveness

↓

Check breathing

↓

Unresponsive + not breathing normally

↓

Activate emergency response + Get AED

↓

30 chest compressions

↓

2 rescue breaths

↓

Continue 30:2

↓

Apply AED as soon as available

↓

Follow AED prompts and continue CPR

WHEN DO YOU STOP CPR?

Continue until:

→ The casualty shows clear signs of life and begins breathing normally

→ Trained emergency personnel take over

→ You become physically unable to continue

→ The environment becomes unsafe

REMEMBER:

Successful adult CPR depends on recognising cardiac arrest quickly and acting without unnecessary delay.

Recognise → Call → Compress → Ventilate → Defibrillate → Continue.



CHILD CPR

Cardiac arrest in children is less commonly caused by a primary heart problem than in adults.

In many cases, it develops after a **breathing or oxygen-related emergency**.

A child may experience severe breathing difficulty, choking, drowning, serious illness or trauma before progressing to cardiac arrest.

This is why **early recognition and effective CPR** are extremely important.

RECOGNISING CARDIAC ARREST IN A CHILD

You may find a child who:

- Suddenly collapses
- Does not respond when spoken to or appropriately stimulated
- Is not breathing normally
- Is only gasping

The key warning signs remain:

Unresponsive + not breathing normally = suspect cardiac arrest.

Do not mistake occasional gasping for effective breathing.

CHILD COMPRESSION TECHNIQUE

Place the child on their back on a **firm, flat surface**.

Position yourself beside the chest.

Place the heel of **one hand or two hands**, depending on the child's size and the rescuer's ability to achieve the correct compression depth, on the lower half of the breastbone.

Then:

- Position your hand correctly
- Keep pressure away from the end of the breastbone and ribs
- Compress firmly and rhythmically
- Allow the chest to recoil completely after each compression
- Minimise unnecessary interruptions

HOW DEEP SHOULD YOU COMPRESS?

For a child, compress the chest approximately:

One-third of the chest's anterior-posterior depth.

This is approximately **5 cm (2 inches)** for most children.

The compression rate should be:

100–120 compressions per minute.

Remember:

Good CPR is not about pressing as hard as possible.

It is about achieving **effective depth, correct rate and full recoil.**

COMPRESSIONS AND RESCUE BREATHS

For a single rescuer, conventional child CPR generally uses:

30 compressions → 2 rescue breaths.

For trained healthcare rescuers working in a two-rescuer situation, paediatric CPR protocols may use:

15 compressions → 2 rescue breaths.

Rescue breaths are particularly important in children because many paediatric cardiac arrests begin with a breathing problem.

Give each breath over about **1 second**, using only enough air to produce visible chest rise.

GETTING EMERGENCY ASSISTANCE

If another person is present:

→ Send them to activate emergency medical services

→ Ask them to bring an AED

→ Begin CPR immediately

This allows CPR, emergency activation and AED retrieval to happen with minimal delay.

If you are alone, the sequence can depend on whether the collapse was witnessed and the circumstances of the emergency.

For an unwitnessed paediatric collapse when no phone is immediately available, a lone rescuer may provide about **2 minutes of CPR** before leaving briefly to activate emergency services and obtain an AED.

If you have a mobile phone, use the speaker function where possible so emergency help can be activated without unnecessarily interrupting CPR.

USING AN AED ON A CHILD

Use an AED as soon as it becomes available.

If available, use:

→ Paediatric AED pads

OR

→ A paediatric dose-attenuating system

If these are unavailable, an AED with adult pads may still be used according to the device instructions and local protocol.

Ensure the pads do not touch or overlap.

REMEMBER:

With children, breathing problems can rapidly become cardiac emergencies.

Recognise the emergency → Activate help → Provide effective compressions and breaths → Apply an AED as soon as possible.

Early CPR can make a critical difference.



INFANT CPR

An infant cannot tell you that something is wrong.

A serious breathing problem can progress rapidly to cardiac arrest.

For CPR purposes, an infant is generally a child **younger than 1 year old**, excluding a newborn immediately after birth.

As with children, many infant cardiac arrests are linked to breathing or oxygen-related problems. This makes early recognition, effective compressions and rescue breaths particularly important.

ASSESSING AN INFANT

First, make sure the environment is safe.

Check whether the infant responds.

- Speak to the infant
- Gently tap the sole of the foot
- Look for movement, crying or another meaningful response

Do not shake the infant.

If there is no response, call for help.

Next, assess breathing.

Look for normal chest movement and normal breathing.

Remember:

Gasping or irregular occasional breaths are not normal breathing.

If the infant is:

Unresponsive + not breathing normally

Suspect cardiac arrest and begin the appropriate emergency response.

CORRECT COMPRESSION TECHNIQUE

Place the infant on their back on a **firm, flat surface**.

Chest compressions should be delivered over the **lower half of the breastbone**.

For a lone rescuer, an appropriate technique is to use **two fingers** on the breastbone just below the nipple line.

For two trained rescuers, the **two-thumb encircling-hands technique** is generally preferred.

With this technique:

- Place both thumbs side by side on the lower half of the breastbone
- Encircle the infant's chest with your hands
- Support the infant's back with your fingers
- Use both thumbs to deliver compressions

Whichever appropriate technique is used, compress vertically and allow the chest to recoil completely.

HOW DEEP SHOULD YOU COMPRESS?

Compress the infant's chest approximately:

One-third of the chest's anterior-posterior depth.

This is approximately **4 cm (1½ inches)** for most infants.

The compression rate is:

100–120 compressions per minute.

After each compression:

- Release the pressure completely
- Allow full chest recoil
- Maintain correct hand or finger position

RESCUE BREATHS FOR INFANTS

Rescue breaths are especially important in infant CPR because cardiac arrest may have developed from a breathing problem.

Position the infant's head carefully in a **neutral or slightly extended position** to open the airway.

Avoid excessive head tilt.

For mouth-to-mouth-and-nose ventilation:

- Make a seal over both the infant's mouth and nose with your mouth
- Give a gentle breath over about **1 second**
- Watch for visible chest rise
- Allow the chest to fall
- Give the second breath

Use only enough air to produce visible chest rise.

An infant's lungs are small.

Do not blow forcefully.

COMPRESSION-TO-BREATH RATIO

For a single rescuer:

30 compressions → 2 breaths

For two trained healthcare rescuers:

15 compressions → 2 breaths

Continue CPR while emergency assistance and an AED are being arranged.

IMPORTANT

Infant CPR requires controlled technique.

The casualty is small, but the principles remain:

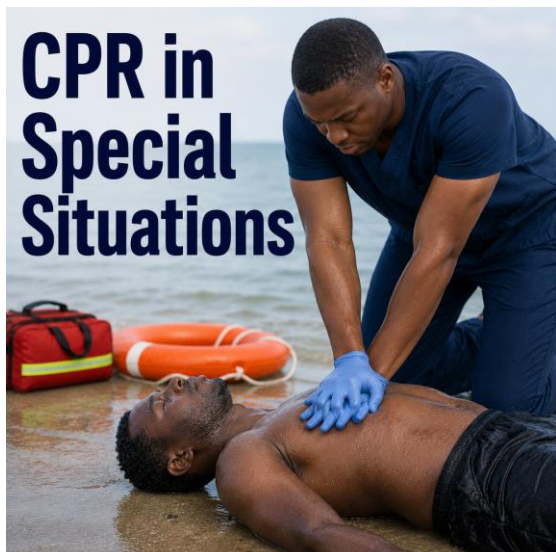
- Recognise cardiac arrest quickly
- Provide effective chest compressions
- Give appropriate rescue breaths
- Minimise interruptions
- Activate emergency assistance
- Use an AED with paediatric capability when available

REMEMBER:

Infant CPR is not adult CPR performed with less effort.

Compression position, depth, airway positioning and ventilation must all be adapted appropriately for the infant.

Compress correctly. Ventilate gently. Act quickly.



CPR IN SPECIAL SITUATIONS

Not every cardiac arrest happens under simple circumstances.

You may need to perform CPR on a pregnant person...

Someone pulled from water...

A casualty with serious injuries...

Or someone suspected of taking opioids.

The basic priority remains the same:

Recognise cardiac arrest → Activate emergency help → Start CPR → Use an AED as soon as possible.

However, some situations require additional considerations.

1. PREGNANCY

Cardiac arrest during pregnancy is uncommon but extremely serious.

If a pregnant person is:

Unresponsive + not breathing normally

Begin CPR.

Do not withhold CPR because of the pregnancy.

→ Perform high-quality chest compressions

→ Use the standard adult compression rate and depth

→ Give rescue breaths when trained to do so

→ Apply an AED as soon as available

→ Activate advanced medical assistance immediately

For visibly advanced pregnancy, trained healthcare teams may use techniques to reduce pressure from the uterus on major blood vessels while CPR continues.

The important point is:

Pregnancy does not change the need for immediate CPR and defibrillation when indicated.

2. DROWNING

Drowning is primarily an **oxygen-related emergency**.

The casualty may develop cardiac arrest because they have been unable to breathe effectively.

Once the person has been safely removed from the water:

- Check responsiveness and breathing
- Activate emergency assistance
- Begin CPR when indicated
- Include rescue breaths if trained and able

Because oxygen deprivation is central to drowning, **ventilation is particularly important.**

Do not attempt CPR while the casualty is still in deep water unless you have the appropriate training and circumstances allow safe rescue breathing.

Your own safety remains essential.

3. TRAUMA

A person involved in a road traffic collision, fall or other serious injury may become unresponsive.

You may suspect injuries to the head, neck or spine.

However, if the casualty is **not breathing normally**, maintaining oxygenation and circulation becomes the immediate priority.

- Activate emergency medical assistance
- Open the airway using an appropriate technique for your level of training
- Begin CPR if cardiac arrest is suspected
- Control severe external bleeding when possible without unnecessarily interrupting CPR
- Use an AED when available

Avoid unnecessary movement of the casualty, but do not allow concern about possible spinal injury to prevent lifesaving CPR.

4. SUSPECTED OPIOID OVERDOSE

Opioids can severely slow or stop breathing.

You may find someone who is:

- Extremely difficult to wake
- Breathing very slowly
- Not breathing
- Showing signs of possible drug use

Immediately assess responsiveness and breathing.

If the person is in cardiac arrest:

- Activate emergency assistance
- Begin CPR
- Use an AED when available

If **naloxone** is available and you are trained or authorised to use it, administer it according to local protocols or device instructions.

However:

Do not delay CPR or AED use while waiting for naloxone to work.

Naloxone does not replace CPR when cardiac arrest has occurred.

5. VOMITING DURING CPR

A casualty may vomit or regurgitate during resuscitation.

If this happens, the airway may become obstructed.

Do not panic.

→ Turn the casualty appropriately to the side when necessary to clear the airway

→ Remove visible material that can be safely cleared

→ Return the casualty to their back promptly

→ Reopen the airway

→ Resume CPR as quickly as possible

Do not perform a blind finger sweep inside the mouth.

Only remove material that you can clearly see and safely reach.

Most importantly:

Keep the interruption in chest compressions as short as possible.

THE KEY PRINCIPLE

Special situations may require adjustments...

But they should not create unnecessary delays.

When cardiac arrest is present:

→ Activate emergency help

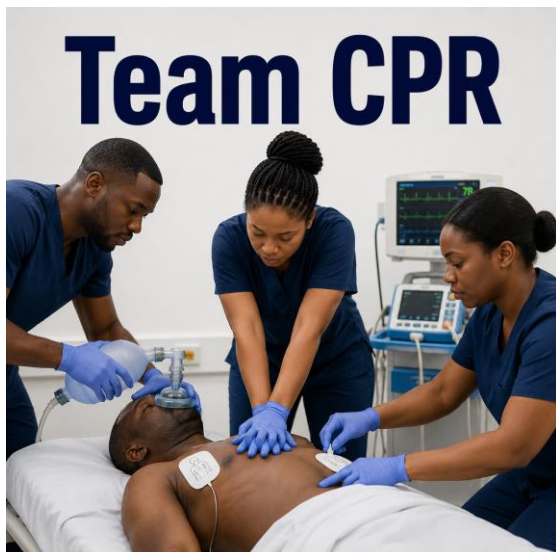
→ Start high-quality CPR

→ Provide appropriate ventilation

→ Apply an AED as soon as possible

→ Address the special circumstance without unnecessarily interrupting resuscitation

The situation may change. The priority remains lifesaving action.



Team CPR

TEAM CPR

Cardiac arrest is demanding.

One rescuer may need to assess the casualty, call for help, perform compressions, provide rescue breaths and manage the AED.

When additional trained rescuers are available, CPR becomes a **team effort**.

But having more people does not automatically mean better CPR.

Without coordination, several rescuers can actually create confusion and unnecessary interruptions.

Effective Team CPR requires:

Clear roles. Clear communication. Continuous high-quality care.

WORKING EFFECTIVELY WITH ANOTHER RESCUER

When two or more trained rescuers are present, responsibilities should be divided quickly.

For example:

- One rescuer performs chest compressions
- Another manages the airway and rescue breaths
- Another activates the emergency response system
- Another retrieves and prepares the AED
- One person may coordinate the overall resuscitation when enough personnel are available

Do not allow everyone to perform the same task while another important task is ignored.

SWITCHING COMPRESSORS

High-quality chest compressions are physically demanding.

As fatigue develops, compression depth and quality may decrease — sometimes before the rescuer even realises it.

When another trained rescuer is available, compressors should generally switch approximately every **2 minutes**, or sooner if the person performing compressions becomes fatigued.

But the change must be quick.

The next rescuer should be ready and positioned before the switch.

For example:

"I'll take over compressions at the next cycle."

Then:

- Current rescuer completes the cycle
- Rescuers change positions quickly
- New rescuer immediately continues compressions

The goal is to avoid a long pause.

CLEAR COMMUNICATION

During cardiac arrest, communication should be short, specific and direct.

Instead of shouting:

"Somebody call for help!"

Say:

"John, call emergency services and come back to me."

Instead of:

"Where is the AED?"

Say:

"Ada, bring the AED now."

Team members should also confirm instructions.

For example:

"Calling emergency services now."

"AED is here."

"Taking over compressions."

This is known as **closed-loop communication**.

An instruction is given...

The receiver confirms it...

And the task is completed.

This reduces misunderstanding.

REDUCING INTERRUPTIONS

Every unnecessary interruption in chest compressions reduces blood flow.

The team should therefore organise tasks **around continuous CPR**.

- Prepare the AED while compressions continue
- Prepare for rescue breaths before the compression cycle ends
- Position the next compressor before switching
- Pause only when necessary for AED rhythm analysis and shock delivery
- Resume compressions immediately after a shock or "no shock advised" message

Avoid stopping CPR simply because another rescuer has arrived.

The arrival of more people should make CPR **more efficient, not more interrupted**.

WHAT DOES A GOOD CPR TEAM LOOK LIKE?

It is not the loudest team.

It is the team where everyone knows:

- What they are doing

- What others are doing
- When to switch
- When to communicate
- When to stay clear
- When to resume CPR

REMEMBER:

During team CPR:

Assign roles → Communicate clearly → Anticipate the next action → Switch efficiently → Minimise interruptions.

A coordinated team can deliver high-quality CPR for longer while maintaining effective compressions and rapid AED use.



COMMON CPR MISTAKES

Knowing the steps of CPR is important.

But during a real emergency, CPR quality can drop because of panic, fatigue or poor technique.

A rescuer may be performing CPR...

Yet the compressions may not be producing adequate blood flow.

Let's look at some common mistakes.

1. COMPRESSING TOO SLOWLY OR TOO QUICKLY

Adult chest compressions should generally be delivered at:

100–120 compressions per minute.

Too slow may not generate adequate circulation.

Too fast can lead to shallow compressions and inadequate chest recoil.

Do not confuse **fast** with **effective**.

The goal is a controlled and consistent rhythm.

2. INCORRECT COMPRESSION DEPTH

Another common mistake is compressing too shallowly.

For an average adult, compress the chest:

At least 5 cm but not more than 6 cm.

If compressions are too shallow, they may not generate enough blood flow.

But excessively deep compressions may increase the risk of injury.

For children and infants, the depth is approximately **one-third of the chest's anterior-posterior depth.**

Correct depth matters.

3. LEANING ON THE CHEST

After each compression, the chest should return fully to its normal position.

A tired rescuer may unintentionally keep some pressure on the chest between compressions.

This is called **leaning**.

Why is it a problem?

Because complete chest recoil helps the heart refill with blood before the next compression.

Think:

Press down → Release completely → Press again.

Do not rest your body weight on the casualty's chest between compressions.

4. LONG PAUSES IN COMPRESSIONS

Every time chest compressions stop, blood flow to the brain and heart falls.

Common causes of unnecessary pauses include:

- Taking too long to give rescue breaths
- Spending too long changing compressors
- Stopping CPR while preparing the AED
- Repeatedly checking the casualty without a clear reason
- Pausing to discuss what should happen next

Plan actions while compressions continue whenever possible.

When you must pause, keep the interruption **as short as possible**.

5. DELAYING CPR UNNECESSARILY

One of the most dangerous mistakes is failing to start CPR because the rescuer is uncertain.

Examples include:

"Let's wait and see if he wakes up."

"She's gasping, so she must still be breathing."

"Let's wait for the ambulance."

"We shouldn't start until the AED arrives."

Remember the key recognition:

Unresponsive + not breathing normally = suspect cardiac arrest.

Once cardiac arrest is recognised:

- Activate emergency help
- Get an AED
- Begin CPR promptly

Do not allow unnecessary discussion or repeated assessments to waste critical time.

OTHER COMMON MISTAKES

Watch out for:

- Incorrect hand position
- Bent arms during adult compressions
- Excessive ventilation
- Forgetting to allow full chest recoil
- Failing to follow AED prompts
- Touching the casualty during AED analysis
- Stopping CPR because a shock was not advised
- Allowing fatigue to reduce compression quality

If another trained rescuer is available, switch compressors before fatigue seriously affects performance.

REMEMBER THE QUALITY CHECK:

Ask yourself:

Am I compressing at the correct rate?

Am I reaching the correct depth?

Am I allowing full recoil?

Am I keeping interruptions short?

Am I acting without unnecessary delay?

CPR is not simply about **doing chest compressions**.

It is about delivering **high-quality chest compressions consistently**.

Correct rate. Correct depth. Full recoil. Minimal interruptions. No unnecessary delay.



COURSE REVIEW & KEY TAKEAWAYS

You have now reached the end of the **Cardiopulmonary Resuscitation (CPR) Training**.

The most important thing to remember is that CPR is about **recognising a life-threatening emergency and taking the right actions without unnecessary delay**.

When someone suddenly collapses, every minute matters.

1. RECOGNISE CARDIAC ARREST QUICKLY

Always begin with safety.

- Check that the scene is safe
- Assess responsiveness
- Open the airway when appropriate
- Assess breathing quickly

Remember the key warning signs:

Unresponsive + not breathing normally = suspect cardiac arrest.

Do not mistake occasional gasping for normal breathing.

2. CALL FOR EMERGENCY ASSISTANCE

Once cardiac arrest is suspected:

- Activate emergency medical services
- Follow your workplace emergency procedure when applicable
- Send someone to obtain an AED

If other people are present, give clear instructions to specific individuals.

Do not simply shout:

"Somebody call for help!"

3. START HIGH-QUALITY CPR

For an adult:

- Position your hands correctly
- Compress at **100–120 compressions per minute**
- Compress at least **5 cm but not more than 6 cm**

- Allow complete chest recoil
 - Keep interruptions as short as possible
- Good CPR requires more than simply pressing on the chest.

Quality matters.

4. PROVIDE APPROPRIATE RESCUE BREATHS

For conventional single-rescuer CPR:

30 compressions → 2 rescue breaths.

Each breath should be delivered over approximately **1 second** and produce visible chest rise.

Avoid excessive ventilation.

Remember that rescue breaths are particularly important in oxygen-related emergencies such as drowning and many paediatric cardiac arrests.

5. USE AN AED AS SOON AS AVAILABLE

CPR and defibrillation work together.

When the AED arrives:

- Turn it on
- Apply the pads correctly
- Follow the device prompts
- Make sure nobody touches the casualty during rhythm analysis
- Deliver a shock if advised
- Immediately resume CPR

If no shock is advised, resume CPR unless the casualty shows clear signs of life.

6. CONTINUE CPR

Do not stop simply because:

- The ambulance has been called
- The AED says "no shock advised"
- You have completed several CPR cycles

Continue appropriate resuscitation until:

- The casualty shows clear signs of life and begins breathing normally
- Trained emergency personnel take over
- You become physically unable to continue
- The environment becomes unsafe

FINAL CPR SEQUENCE

Remember the basic flow:

Scene safety

↓

Check responsiveness

↓

Assess breathing

↓

Unresponsive + not breathing normally



Activate emergency response



Get an AED



Start high-quality CPR



30 compressions : 2 breaths when providing conventional CPR



Apply AED as soon as available



Follow AED prompts



Continue CPR until advanced help takes over or the casualty shows clear signs of life

FINAL TAKEAWAY

In a cardiac arrest, you may not have time for a perfect environment.

You may feel nervous.

You may wonder whether you are doing everything perfectly.

But recognising the emergency and acting promptly is critical.

Recognise early.

Call for help.

Start high-quality CPR.

Use the AED.

Keep going.

Those actions can give a person in cardiac arrest a better chance of survival.